



DFW

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/781,404
Filing Date	February 18, 2004
First Named Inventor	Porter C. Shannon et al.
Group Art Unit	1713
Examiner Name	Lu, C Caixia
Attorney Docket Number	2003U038.US

Total Number of Pages in This Submission 23  
references**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form In duplicate	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Petition to Revive
<input checked="" type="checkbox"/> Preliminary Amendment / Response Response to Office Action dated 10/01/2004	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none"><li>• Copy of 3/5/04 IDS submission</li><li>• Copy of 5/10/04 IDS submission</li><li>• Copy of 5/20/04 IDS submission</li><li>• Acknowledgement Postcard</li></ul>
<input checked="" type="checkbox"/> 1449 Form	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Copies of Cited Art		
<input type="checkbox"/> Certified Copy of Priority Documents)		
<input type="checkbox"/> Response to Missing Part/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts		

REMARKS

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual name	Kevin M. Faulkner	Registration No.	45,427
Signature			
Date	10.11.04		

**CERTIFICATE OF MAILING**I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 11, 2004.

Typed or printed name	Tammy L. Hodges	Date	October 11, 2004
Signature			